

CLAIMS ONLY

Application Number

10518443

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1												
2												
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46			1									
47			1									
48	1		1									
49		1	1									
50			1									
Total Indep												
Total Depend												
Total Claims												

41

30

54